

PERSONNEL DATA SHEET
(For use of this form see USAREC Reg 601-37)

NAME: _____ SSN: _____

1. Specialty:

2. List membership status in professional organizations:

	<u>Professional Organization Name</u>	<u>Dates Involved (MMYY)</u>	
		<u>From</u>	<u>To</u>
a.	_____		
b.	_____		
c.	_____		
d.	_____		
e.	_____		
f.	_____		

3. USAR status statement (*if applicable*):

"I UNDERSTAND MY PRESENT RESERVE STATUS WILL BE VACATED UPON ACCEPTANCE OF APPOINTMENT."

(Initials)

4. Age waiver statements for age 40 and over (*if applicable*):

"I UNDERSTAND THAT IT IS UNLIKELY THAT I WILL BE ABLE TO COMPLETE 20 YEARS QUALIFYING SERVICE FOR RETIREMENT PURPOSES UNDER THE PROVISIONS OF 10 U.S.C. 1331 AND 1332 PRIOR TO BEING REMOVED FROM AN ACTIVE STATUS UNDER APPLICABLE LAWS AND REGULATIONS."

(Initials)

5. 20-year retirement waiver statement (*additional statement for above officers ordered to active duty*):

"I UNDERSTAND THAT IT IS UNLIKELY THAT I WILL BE ABLE TO COMPLETE 20 YEARS QUALIFYING SERVICE FOR RETIREMENT PURPOSES UNDER THE PROVISIONS OF 10 U.S.C. 3911 AND 3926 PRIOR TO BEING REMOVED FROM ACTIVE DUTY AND/OR ACTIVE STATUS UNDER APPLICABLE LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT I AM NOT ELIGIBLE TO ENTER INTO CAREER STATUS ON ACTIVE DUTY AND MAY NOT BE PERMITTED TO REMAIN ON ACTIVE DUTY BEYOND MY CURRENT SERVICE AGREEMENT. I UNDERSTAND THAT, SHOULD I BE ALLOWED TO REMAIN ON ACTIVE DUTY BEYOND MY CURRENT SERVICE AGREEMENT, THE PERIOD OF EXTENSION MAY NOT EXCEED 36 MONTHS."

(Initials)

6. Age-in-grade waiver (*if applicable*):

"I REALIZE THAT MY AGE FOR THE GRADE THAT I AM APPLYING FOR EXCEEDS THE MAXIMUM ALLOWABLE AGE FOR APPOINTMENT AS A COMMISSIONED OFFICER IN THE ARMY. I REQUEST EXCEPTION TO THE AGE-IN-GRADE POLICY SO THAT I MAY BE COMMISSIONED IN THE ARMY."

(Initials)

7. For officers promotable to other than LTC - active duty only *(if applicable)*:

STATEMENT OF UNDERSTANDING

"I UNDERSTAND THAT IF I ENTER ACTIVE DUTY WHILE BEING CONSIDERED FOR PROMOTION IN THE U.S. ARMY RESERVE, I WILL FORFEIT MY STATUS OF BEING IN THE ZONE FOR PROMOTION. I FURTHER UNDERSTAND THAT WHEN I ENTER ACTIVE DUTY, THE MAXIMUM AMOUNT OF CREDIT TOWARDS PROMOTION THAT I CAN RECEIVE IS 3 YEARS. THE TOTAL ARMY PERSONNEL COMMAND (TAPC-MSP-D) WILL DETERMINE THE AMOUNT OF CREDIT TO BE AWARDED AND MY DATE OF RANK."

(Signature)

8. For officers promotable to LTC - active duty only *(if applicable)*:

STATEMENT OF UNDERSTANDING

"I UNDERSTAND THAT IF I ENTER ACTIVE DUTY, I MUST DO SO PRIOR TO BEING PROMOTED TO LIEUTENANT COLONEL. I FURTHER UNDERSTAND THAT WHEN I ENTER ACTIVE DUTY, I WILL NO LONGER BE CONSIDERED IN A PROMOTABLE STATUS AND THE MAXIMUM CREDIT TOWARDS PROMOTION THAT I CAN RECEIVE IS 3 YEARS. THE TOTAL ARMY PERSONNEL COMMAND (TAPC-MSP-D) WILL DETERMINE THE AMOUNT OF CREDIT TO BE AWARDED AND MY DATE OF RANK."

(Signature)

9. For applicants with more than 10 years enlisted service *(if applicable)*:

"I UNDERSTAND THAT I WILL NOT BE ABLE TO COMPLETE 10 YEARS OF ACTIVE FEDERAL COMMISSIONED SERVICE FOR PURPOSES OF RETIREMENT AS A COMMISSIONED OFFICER UPON COMPLETION OF 20 YEARS ACTIVE FEDERAL SERVICE. I AM AWARE THAT IF I AM NOT INTEGRATED INTO THE REGULAR ARMY, CURRENT ARMY REGULATIONS REQUIRE THAT I BE RELEASED FROM ACTIVE DUTY (OR RETIRED UPON MY REQUEST) UPON ATTAINING 20 YEARS ACTIVE FEDERAL SERVICE UNLESS I AM RETAINED ON ACTIVE DUTY THEREAFTER AS AN EXCEPTION TO POLICY. I FURTHER UNDERSTAND THAT I SHOULD APPLY FOR SUCH EXCEPTION UPON THE ANNIVERSARY OF MY 19TH YEAR OF ACTIVE FEDERAL SERVICE AND THAT IF THIS EXTENSION IS DISAPPROVED, I MAY ONLY BE ELIGIBLE TO RETIRE IN THE HIGHEST ENLISTED GRADE HELD."

(Signature)

10. Statement of Health: *(A negative answer to a or an affirmative answer to b through d requires a full explanation and the name, address, and telephone number of the attending physician attached on plain bond paper.)*

a. Are you in good health? _____

b. Do you have any chronic illness, physical disability, and/or mental limitations to your health? _____

c. Do you have a history of drug or alcohol abuse or misuse? _____

d. Have you ever been required to appear before a medical or state regulating authority, regardless of the result, concerning your health status as an impaired, hindered, or otherwise restricted practitioner? _____

11. Statements of Professional Status: *(An affirmative answer to a through f requires a full explanation below or attached on plain bond paper.)*

a. Have you ever had a license to practice your health care profession denied in any state? _____

b. Have you ever had a license to prescribe narcotics voluntarily or involuntarily refused, revoked, suspended, or denied or have you ever voluntarily surrendered a license to prescribe narcotics? _____

NAME: _____ SSN: _____

- c. Have you ever had professional privileges denied, withdrawn, or restricted by any health care facility?
(If yes, give the name of the facility or organization, address, telephone number, and dates.) _____
- d. Have you ever been asked to resign from a facility or organization staff or professional society? _____
- e. Have you ever been denied membership or renewal or been subject to disciplinary procedures in any health care organization? _____
- f. Have you ever been convicted of an offense or been liable in a civil suit (excluding motor vehicle citations of less than \$100). _____
- _____
- _____
- _____
- _____
- _____
- _____

g. List your current or previously held state licenses and certifications to practice your health care profession. (All licenses and certifications must be listed. *Status other than current and unrestricted such as resigned, suspended, revoked, voluntarily or involuntarily limited, or surrendered, or normal expiration of previously health license requires a detailed explanation attached on plain bond paper.)

STATE	TYPE	LICENSE NUMBER	DATE OF INITIAL ISSUE	STATUS*	EXPIRATION DATE

12. Chronological Resume (for Army Nurse Corps and Specialist Corps Student Program applicants only):

List all periods of professional employment, unemployment, or professional schools. List current job position first and continue through initial employment. Identify different positions with same employer under one entry. Indicate whether work hours were full-time or part-time by placing "FT" or "PT" after the number of hours per week. Full-time status with less than 40 hours per week must be verified by employer. A full description of the job position is required.

INCLUSIVE DATES (YYMMDD)	FACILITY NAME, CITY, STATE	HOURS PER WEEK	SPECIALTY OR POSITION TITLE
FROM:			
TO:			

Responsibilities:

NAME: _____ SSN: _____

INCLUSIVE DATES (YYMMDD)	FACILITY NAME, CITY, STATE	HOURS PER WEEK	SPECIALTY OR POSITION TITLE
FROM:			
TO:			

Responsibilities:

INCLUSIVE DATES (YYMMDD)	FACILITY NAME, CITY, STATE	HOURS PER WEEK	SPECIALTY OR POSITION TITLE
FROM:			
TO:			

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INCLUSIVE DATES (YYMMDD)	FACILITY NAME, CITY, STATE	HOURS PER WEEK	SPECIALTY OR POSITION TITLE
FROM:			
TO:			

Responsibilities:

INCLUSIVE DATES (YYMMDD)	FACILITY NAME, CITY, STATE	HOURS PER WEEK	SPECIALTY OR POSITION TITLE
FROM:			
TO:			

Responsibilities:

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NAME: _____ SSN: _____

b. Current malpractice insurance carriers:

NAME AND INCLUSIVE DATES	POLICY NUMBER	TELEPHONE NUMBER	STREET ADDRESS CITY AND STATE

c. Malpractice insurance carriers over last 7 years:

NAME AND INCLUSIVE DATES	POLICY NUMBER	TELEPHONE NUMBER	STREET ADDRESS CITY AND STATE

(Signature)

(Date)

NAME: _____ SSN: _____

14. List all health care facilities where current professional privileges are held and the dates the privileges were in effect:

NAME AND INCLUSIVE DATES	STREET ADDRESS, CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

a. All information submitted by me in this application is true to the best of my knowledge and belief. I understand that any false or incomplete information provided knowingly on or with this application may be grounds for withdrawal of the Army's employment offer or elimination from the service (if I am already appointed) and may be punishable by fine or imprisonment under Title 18, United States Code, Section 1001.

b. I hereby authorize the Department of the Army and its authorized representatives to consult with individuals who may have information bearing upon my professional competence, character, and ethical qualifications (i.e., administrators and professional staffs of hospitals or institutions with which I have been associated and with others, including past and present professional liability carriers).

c. I hereby consent to the inspection by authorized Department of the Army representatives of all documents, including medical records at hospitals or institutions, that may be material to an evaluation of my professional competence, and my moral and ethical qualifications to carry out the duties of military service.

d. I hereby release from any liability any and all individuals and organizations who provide information to the Department of the Army in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for appointment, credentialing, and/or clinical privileging and hereby consent to the release of such information.

e. I hereby authorize the Department of the Army or its authorized representative to communicate to other hospitals and to persons or organizations with legitimate interest therein any information concerning my professional competence, character, and ethics which the U.S. Army may acquire or have.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

a. Authority: Title 10, United States Code, Section 3013.

b. Principal Purpose: To obtain an appointment as a commissioned officer in the Regular Army, Army Reserve, or Army National Guard.

c. Routine Uses: Basis for determination of qualifications and background information for appointment eligibility as a Regular Army or Army Reserve commissioned officer. Basis for credentialing health care providers.

d. Disclosure: Disclosure of information requested is voluntary. Failure to provide the required information will result in nonacceptability of application.

(Signature)

(Date)

(Typed Name)

(SSN)